

	United States <b>Environmental Protection Agency</b> Washington, DC 20460	<input type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input checked="" type="checkbox"/> <b>Other</b>	OPP Identifier Number
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**Application for Pesticide – Section I**

1. Company/Product Number Bayer CropScience LP / 264-RERN	2. EPA Product Manager Emily Schmid	3. Proposed Classification  <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted
4. Company/Product (Name) Bayer CropScience LP / XtendiMax® With VaporGrip® Technology (M1768 Herbicide)	PM # 25	
5. Name and Address of Applicant (Include ZIP Code) Bayer CropScience LP 801 Pennsylvania Ave, NW – Suite 745 Washington, DC 20004  <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____  Product Name _____

**Section – II**

<input type="checkbox"/> Amendment – Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other – Explain below.
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**Explanation:** Use additional page(s) if necessary. (For section I and Section II.)

Bayer Crop Science is submitting a summary/reference list of the 19 VaporGrip Xtra (MON 51817) volatility studies conducted or supported by Bayer that were previously submitted to the EPA to support the 2020 registration decision for XtendiMax® With VaporGrip® Technology (M1768 Herbicide), EPA Reg. No. 264-RERN.

**Section – III**

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* <b>Certification must be submitted</b>		If "Yes" Unit Packaging wgt.    No. per Container	If "Yes" Package wgt.    No. per Container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

**Section – IV**

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name George Sabbagh	Title Head Regulatory Engagement	Telephone No. (Include Area Code) 913-231-6291			
<b>Certification</b> <i>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.</i>					6. Date Application Received <b>(Stamped)</b>
2. Signature 	3. Title Federal Regulatory Manager				
4. Typed Name Steven T. Callen	5. Date August 6, 2020				